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ABSTRACT

The author offers a brief description of the Southern Regional Education Board (SREB) drug education project and develops the position taken by this project. Emphasis is placed on the schools' responsibility for helping eliminate drug abuse and for the implementation of an affective curriculum to achieve this goal. The curriculum focuses on such skills as values clarification, conflict resolution, interpersonal communication skills and attitudes. The author also describes a tri-level teacher training model proposed by the SREB to equip teachers with the skills and competencies necessary for handling an affective curriculum and drug education program. Level 1, "Awareness," is designed to make the teacher more aware of his own values, attitudes, and conflicts. The purpose of the second level, "Modeling," is to train the teacher to present the best possible model to his students in interpersonal relationships. Level 3, "Facilitation," encourages the teacher to work toward the growth of his students. (RWP)

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## DRUG EDUCATION: THE CHALLENGE TO TEACHER PREPARATION\*

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The word *drug* and consequently drug education has acquired the ability in the last few years to arouse emotional reactions nearly equal to those stirred by the word *sex* (and sex education). This ability has been both a help and a hindrance to people in drug education, particularly in the public school system where the greatest attention to drug education has been given.

The hindrance lies in the fact that emotional reactions often cloud the ability to carefully and logically examine the expectations we set and the strategies we use to meet them. Drug educators have been caught between unrealistic expectations set by public mandate and inappropriate strategies to meet the mandate that already existed in the school system. The mandate was clear: "Stop the kids from using drugs! ". And our strategy to do this--give the kids information to discourage drug use--fit easily into the way our schools operate. Unfortunately, the informational approach to drug education did not prove to be

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such a simple cause -effect relationship, and we have only recently overcome our "do something quick" panic to look more carefully at what our expectations should be and how we might accomplish them.

While emotional reactions do present a hurdle, they can also be a source of strength. For one thing, the public cry for drug education has created a source of financial support for activities billed as "drug education" that have a much broader applicability and should have been done before drug use was defined as a social problem among our middle class youth. Perhaps more importantly, drug education has drawn attention to our public school system. Following so closely on the controversy over sex education in the schools, drug education has forced us to re-examine a range of expectations we have set for public education and the kind of preparation we offer teachers to meet these expectations. For this reason, drug education, along with other issues for education that were once considered the strict province of the family, offers a real challenge to the educational system. The crucial question is "How will we meet this challenge?" Will we continue to do much the same thing in education, but perhaps introduce some new labels? Will we jump on the latest bandwagon without closely examining the rational or the

consequences--especially the consequences to young people in the school system? Or will we begin to map some carefully thought out changes, to understand as best we can the ramifications of these changes, and to decide "yes" or "no" on a commitment to accepting these changes and all of the possible consequences?

For nearly three years, the Southern Regional Education Board has played an active role in responding to many of these issues. I would like to share with you a brief description of the SREB drug education project, the direction proposed by the project with its underlying rationale, and some of the concerns I have about that direction and our willingness and ability to make a commitment to it. In many ways this paper is a position statement because it develops the position taken by the SREB project. In addition, it presents working definitions of educational concepts important to our work that we have developed.

SREB became involved in drug education in the summer of 1971. For two years we sponsored a problem-solving forum for the people in our 14-state region who had a state-wide responsibility for alcohol or drug education. This included voluntary agencies as well as public, and drug education for adult populations as well as for young

people. Most of the programs had been in existence for at least a year before the project began and most of their energies had been spent toward developing drug education curricula and material rather than training of educators.

Some of the state departments of education in the region had sponsored teacher training workshops, but this was during the "drug information phase" of drug education, before we learned once again that information has little influence on behavior when it conflicts with strong social and emotional pressures. Consequently, the training and the curricula consisted primarily of pharmacology. Some schools of education offered drug education to their future teachers, but again it was often a course in basic pharmacology.

As the project participants began to share their experiences, it became apparent that the most concentrated drug education effort was directed toward young people, Kindergarten through 12th grade, and that a major problem in this area was dealing with teachers' discomforts in handling drug issues in their classrooms (i.e., the need for teacher training). At the same time, program evaluations were beginning to appear that proclaimed drug education's dramatic failure. Educators were asking, "If information is not sufficient, what do we need to do differently, and how do we do it?"

The SREB project began to focus more on drug education in the school system and specifically on teacher preparation--not because we believed young people to be the major population with a "drug problem," but because this was where the action was in drug education. It seemed to be the time and the place to try to make a difference.

Our first step was to define "what a teacher should look like" to be able to handle drug education. We brought in a small task force of teacher educators and teachers to go through a three step process: brainstorm about what the majority of students need *to avoid problems with drugs*, identify the classroom experiences that could help meet those needs, and define in specific terms the value, skill and knowledge competencies that would enable a teacher to structure such experiences.

The result of the task force work is a publication entitled *Doing Drug Education* which describes a "drug educator" role that any teacher should be able to assume when drug issues come up in his class. Drug educator, as we defined it, is not a pharmacologist; however, a teacher acting in this role should have enough knowledge about drugs and current trends in drug issues (social use, legalization, etc.) to feel comfortable handling class discussions and students' questions and to link students

with other sources of information when necessary. While the need for drug information is not negated, a much stronger emphasis is given to skills and values that will enable the teacher to help his students develop interpersonal and intrapersonal skills needed to help them avoid self-defeating behavior including dysfunctional drug use.

The task force defined specific objectives under skills such as values clarification, conflict resolution, interpersonal communication skills and attitudes that reflect the teacher's respect for the student as an individual and the teacher's role as a facilitator rather than information disseminator. The teacher trained in these skills would be able not only to model the skills, but to foster their development in his students through his ability to process naturally occurring classroom experiences and to develop and use simulated experiences that require the skills being learned.

The significance of the drug educator competencies is that they are not restricted to the single role for which they are defined. To the contrary, a teacher trained as a drug educator would possess attitudes and skills that he could and hopefully would employ throughout the school day and would conduct his classroom in such a way that

students' affective development would assume importance and attention equal to that of their cognitive development.

This approach to drug education has tied into and increased the momentum for the current "affective education" bandwagon. There is some pressure on public schools to have this as a formal part of the daily program, and consequently there is pressure on those with responsibility for teacher education. Schools of education and inservice training programs are at various stages in articulating and implementing their plans. One thing seems clear. Because "affective education" *as a movement* is fairly new, there is little consensus as to what the concept involves. What are its objectives? How are objectives reached in the classroom? How are teachers prepared? What is the rationale for the objectives and strategies developed to reach them?

In order to deal with these questions, the SREB project proposed the next logical step--the development of a teacher training model based on the "drug educator" competencies. As we developed the proposal, it became apparent that we needed to be concerned with both inservice teacher education and preservice education, and that within inservice education, we needed to look at total staff development--to consider the training implications for



administrators who would need to provide necessary support for teachers using their new skills. They would need to understand and help the community understand that an approach to drug education that does not attack drugs can be one effective step in drug abuse prevention.

It also became apparent that our final product would look more like a "map" than a "model". We did not want to plan a single "model" approach to implementing the drug educator competencies; rather we hoped to develop a tool that would be useful to teacher education programs beginning from different points, but wanting to go in the same direction.

The project is currently sponsoring a series of task force meetings involving faculty and administrators from schools of education and school systems to develop the teacher education "map." During the planning for the task force sessions, we began to clarify terms we would be using and to outline the underlying assumptions and rationale to guide our work.

Perhaps the major concept we needed to define was "affective education". This term has a number of different meanings to different people. It can refer to techniques for motivating students to learn their regular subjects, or it often refers to teaching "human growth and development"

or "life adjustment" as a subject area where students memorize mental health concepts in much the same way they might memorize a list of the Presidents of the United States. We began to outline a working definition for affective education by outlining "what we mean" and "what we do not mean".

What we do mean:

1. A conscious goal of the school system, not something that we assume occurs just because teachers and students are interacting. This implies stated student outcomes.
2. Experiences offered as part of formal education which promote the student's social and emotional growth. Experiences are not restricted to classroom activities, but for our purposes, they do not include extracurricular activities such as clubs and sports.
3. The objectives are to promote self esteem, personal assertiveness and facilitate the development of intrapersonal skills (e.g. Awareness and acceptance of feelings, ability to discriminate feelings) and interpersonal skills (values clarification, decision making, listening and responding skills, and ability to express feeling in a constructive manner). *As a point of emphasis, our objective is to influence students' ability to handle their behavior as well as their feelings.*
4. Students should be actively involved in the learning experience.
5. "Affective Education" can occur in at least three different ways in the classroom.
  - a. The teacher can take advantage of unplanned learning experiences offered by real situations in the classroom or school (e.g., how to deal with "failure" when a student fails a test or cannot do a task well; fear of disapproval from the teacher or another student (lack of assertiveness); how to approach the principal (authority) about changing a school policy).

- b. The teacher can use regular subject content to help students explore situations they may encounter (e.g., use "Romeo and Juliet" to talk about parental disapproval and dating someone your parents do not like).
  - c. The teacher can plan a classroom experience (e.g. values clarification exercise or role-play situations) purely for the sake of fostering the students' affective development. It would not have to tie into a regular subject area.
6. Planned experiences aimed at promoting the student's affective development should lean heavily toward constructing situations the student is likely to face in the real world. (Some group dynamic games may deal with "real" personal behavior issues--getting to know someone, trust, openness, etc.--but they are generally artificial. For example, the situation calling for trust in a game such as "trust walk" is not like real life situations where trust is the issue.)

What we do not mean:

1. Teaching *about* social and emotional growth and development as a subject area--we are not interested in preparing teachers to teach a psychology course where students learn (for example) Maslow's hierarchy of needs in much the same way they memorize the major products exported from the U.S.A.
2. Creating fun new ways to learn regular subject matter.
3. Teaching ethics and values--The student will surely learn values at school. But for our purposes, we are concentrating on teaching the student *how* to think (how to make decisions; how to select values) rather than *what* to think.
4. Reducing destructive feelings (guilt, anxiety) that interfere with learning--We are interested in helping a student learn to handle feelings

such as guilt and anxiety, but the guiding objective under our definition of affective education is facilitation of his healthy emotional development rather than facilitation of his cognitive development. The student may well have higher test scores as a result of affective education, but improved grades is not the reason behind our effort.

5. Sensitivity sessions--some sensitivity techniques may be appropriate for classroom use with students (and as training experiences for teachers), but we believe they should be used cautiously and only with well trained leaders who are capable of going beyond the immediate experience to "teach" participants *what* they experienced, *how* it occurred (the purpose of the different steps in the exercise) and *how* the experience relates to the real world where the permission to be "free" in feelings and actions does not exist.

Many of the descriptions under "What We Do *Not* Mean" by affective education may be legitimate functions of the school. However, we are not trying to design a total teacher training package and therefore believe it is to our advantage to define our "turf" as specifically as possible.

Another concept for which the task force needed clarity concerned the "level of teacher training" toward which we were working. For our discussion, we conceptualized three levels--each higher level includes the level before it but adds a new dimension:

1. *Awareness*--The purpose of training is to make the teacher aware of where he is--what values

he holds, how he communicates in interpersonal relationships, how he listens, what attitudes he holds toward students and teaching, how he resolves conflicts, etc.

2. *Modeling*--The purpose of training is to get the teacher from "where he is" to "where he ought to be" to present the best possible model to his students in interpersonal relationships. The teacher learns what in his behavior needs to change; how he needs to change it, and can participate in training experiences to produce the desired change.
3. *Facilitation*--The purpose of training is to equip the teacher to facilitate the growth of his students. He not only models good interpersonal and personal skills, but he also plans experiences for his students that will move them closer to possessing his skills.

The third level of training is the most complex and may be more difficult to incorporate in teacher education programs. For this reason, many programs that have moved into the area of training for affective education are training primarily for awareness and to some extent for modeling. These are steps in the right direction, since each level builds on the level before it. The teacher certainly needs to be aware of his strengths and weaknesses in interpersonal skills before he can improve his ability to model them and ultimately to "teach" them. It is important, however, that teacher education not stop at the awareness or even the modeling level, particularly if teachers are to play an effective role in drug abuse prevention or prevention of other behaviors that could cause the student and society problems. The SREB task force is working toward



facilitation as the desirable level of training.

The task force members and SREB staff have outlined a number of assumptions that underlie our work and develop the rationale for choosing this task as an important one.

The original assumption--the assumption which motivated us to undertake the task of developing a "training map"--is that equipping students to handle personal aspects of their lives more effectively will promote responsible attitudes toward drug use and will reduce feelings of anxiety or inferiority that might set the stage for drug dependency. Incorporating "affective education," as we have defined it, into the classroom would actively involve students in experiences such as values-clarification, problem solving sessions, role playing around personal decision issues (e.g., What would I do if a friend wanted me to join him in experimenting with drugs?) and resolving conflicts which may occur in teacher-student, parent-child, or friend-friend interactions. Students would learn to deal with problems in interpersonal communications more productively. They would feel more comfortable in talking with the teacher about what is really bothering them in the classroom and would be able to say, "I feel put down" or "I'm upset because I haven't been included" rather than cloud

those feelings with unrelated complaints or attention-getting behavior.

There is reason to support this assumption. The skills we are advocating teaching as part of the school experience are skills that many counselors use and "teach" when they work with people in temporary crisis. We are suggesting that teaching such skills as an educational experience rather than as a therapeutic experience will help decrease (not necessarily to zero) the number of people who have to seek help (or drugs) to handle their personal problems. Of course, there is a difference between the counselor role in prevention and the teacher role, and we are not advocating that the teacher be prepared or be expected to act as a counselor. The teacher does not have the time to work with students on a one-to-one basis to the extent that a counselor does. However, the majority of students in the classroom are not in crisis (in most school situations) and do not need as intensive attention as a counselor would give to a person asking for help. The teacher would be prepared to help a student find a more intensive helping situation if it became necessary.

Another important assumption we are making is that affective education can and should be a part of the public school responsibility, and therefore teachers should be

prepared to handle it. The first part of this assumption is that affective education is feasible. Schools can incorporate it without major rescheduling of the school day and without prohibitive cost. The assumption is supported by the fact that almost all of the affective techniques (e.g., values clarification) that have been developed so far require no change in the school building and no special equipment or furniture. They do call for a change in the way in which the class is conducted and teacher preparation to make that change.

The second part of the assumption is that schools *should* assume responsibility for their students' social and emotional development. The school system claims that it has always met this responsibility, but affective development as a conscious objective has not been clearly defined or planned with the same attention that cognitive development has received.

The changes that have taken place in our society provide support for our assumption that affective education should receive equal time. When the public school system came into being in this country, it met the demands of a newly industrializing society. It prepared students with basic skills (the 3 R's) needed to work in a factory and it passed on our heritage through history and literature. The school met the



need for information, while the family was still the main source of learning interpersonal skills. In our rapidly changing industrialized society the needs have changed. We are saturated with information, but we need to know how to access that information, how to ask questions, and where to look for answers. The family which was once the major source of values and interpersonal skills is now only one of several sources. Although the family is still a strong influence, it does not provide the same opportunity for interaction that it once did, and its teachings are not always supported by the other sources of influence as they once were. Because the school probably has the largest block of the child's awake time, it needs to provide time for the child to learn to deal with conflicting sources of influence and to develop personal skills needed to live in a rapidly changing world. Where the school once adequately served society by teaching about the past and preparing children for the immediate present, it now needs to equip its students for a rapidly changing future.

Another assumption is that teachers can be trained to handle affective education. Some people would argue that the skills and attitudes needed to foster healthy emotional development are basic personality traits. They are not trainable. A teacher either has them or he doesn't. It is

true that the training job is a lot easier if the trainee already has certain basic personal characteristics. It is also true that the best training available will not make "good teachers" out of some people. The objective of teacher training is that of all professions: to recruit the most suitable candidates and to maximize their potential to meet the ideal standards. Teacher training may not produce very many "ideal" teachers, but it is worthwhile even if it serves only to "neutralize" the "poor" teacher (i.e., the teacher may not be a positive influence on his students' emotional development after training, but at least he is no longer a negative influence).

A major point in support of our effort to try to define and encourage needed changes in teacher education is the current demand on teachers to have new skills. The skills needed to handle sex education and drug education are not the same as those needed to teach reading and math, because the objectives are different. If the school is asking its teachers to assume non-traditional roles such as "drug educator", then teacher education has the responsibility to prepare teachers to handle them.

Teacher education is aware of the new roles and the discomfort teachers feel with them. Schools of education and inservice programs are beginning to respond to the need

to prepare teachers to work with their students around personal life issues. Their readiness "to do something" makes our task a timely one. The time is ripe for other reasons as well. Due to a decline in school age population and an increase in the number of people choosing teaching as a profession, we are currently turning out more new teachers than the system can support. Consequently, we can be more selective in the choosing of applicants to schools of education and for teaching positions. Also, some of the time that used to be devoted to meeting a manpower shortage can now be turned to revamping departments of education and to conducting experimental projects.

There are a number of resistances we are likely to encounter in training teachers as we have proposed:

1. "Unionism"--Some teachers may not see affective education as their responsibility if it is not explicitly stated in their contracts.
2. Discipline--Teachers are often concerned with maintaining discipline in their classes. They may resist learning some of the tools used in affective education if they see them as disrupting the normal classroom.
3. Test Scores--The historical mission of the school is to teach cognitive skills. Class activities not directly related to improved test scores may be considered a waste of time and inconsistent with the purpose of school.
4. Teacher Fear--Emotional growth is more difficult to measure than cognitive growth. Some teachers may resist devoting time and energy to an activity when the results are not immediately or clearly visible.

5. Emotional Strain--To officially accept responsibility for another person's affective development is emotionally draining, particularly if the teacher carries a sense of personal failure if every child does not reach the "ideal." But neither will every student have a perfect score in math! The point is that the teacher is responsible only for his role as a facilitator. He should offer the best model possible and use his skills to insure that the classroom experience offers an opportunity for students to develop and test personal skills. The student is still responsible for his behavior and growth. It will help if the teacher can accept even the smallest improvement as a success.

People in teacher education who have started or would like to begin revising their programs to include preparation for affective education will find the task easier the more they can anticipate these and other arguments that teachers, administrators and college faculty might offer as reasons why "it can't be done."

In closing, I would like to emphasize several points that have been implied throughout the paper. On several occasions, I referred to the school's role in the prevention of drug *abuse* (or *problem* drug use). I used this term purposefully instead of drug use because I do not think that there is anything the school can do to stop experimental and social drug use. This is so prevalent as to be considered "normal" and is probably a part of the growing up, risk taking that all of us have been through. Unfortunately, some students will not stop with social drug use. Hopefully

the school can play a part in reducing that number--or even keeping it from growing.

Another point to emphasize is that the school does *just play a part* in prevention. It does not and cannot accept full responsibility for a total drug abuse prevention effort. Nor can it make up for all of the counter productive experiences its students might encounter elsewhere. The school is, after all, an educational institution and not a therapeutic institution. It's major responsibility is to the majority of young people who will not have serious problems. This does not mean that the school has no responsibility to the minority. I advocate that it does, and that its responsibility is not to punish the student with a drug problem (or other "disruptive" problem), but to offer that student a supportive system and to help him find helping services that the school does not provide. In most cases, the school makes very little distinction between drug *use* and drug *abuse*. Even the casual experimenter can be expelled or turned over to the police. If anything, this probably increases the student's chances of moving from experimentation to abuse because of the label he suddenly acquires. It is clearly not a very effective intervention tactic.

One final point. If educators agree that affective education is a necessary school function, are we willing to

accept *all* of the possible consequences. If we do a good job of helping to build emotionally stronger students, we may also be fostering students who rely on themselves more, who are more willing and able to question the school rather than sit passively for fear of disapproval. They may be more willing to take risks and experience life, and we may not agree with the experiences they choose. We are assuming that we will also teach them how to question constructively, and how to handle experiences. If drug experimentation (not abuse) were to increase, how would we handle it?